

REQUEST FOR REGISTRATION OR MODIFICATION OF A COOPERATIVE PRICING SYSTEM, JOINT PURCHASING SYSTEM OR REGIONAL COOPERATIVE PURCHASING SYSTEM

(COOPERATIVE PURCHASING FORM CP-2001)

Return completed Form with all documentation to:

**Cooperative Purchasing
Division of Local Government Services
PO Box 803
Trenton NJ 08625-0803
Attn: Nicola Reid**

CONDITION

To the extent that bids may have been received or a contract may have been awarded by an unregistered Cooperative Purchasing System without it first having obtained the requisite approval from the Division pursuant to N.J.A.C. 5:34-7.1 et seq., the Division is not in a position to address or resolve any legal questions which may exist as a result of such circumstances.

SYSTEM TYPE

☐

Cooperative Pricing System

☐

Joint Purchasing System

☐

Regional Cooperative Pricing System

SYSTEM IDENTIFICATION

System Name:

☐

System Registration

☐

Add Member(s)

☐

Renew Registration

☐

Other (List Below)

IDENTIFY CHANGES IN MEMBERSHIP AND/OR COMMODITIES PURCHASED

This is to certify that the requirements of *N.J.S.A. 40A:11-1 et seq.* or *N.J.S.A. 18A:18A-1 et seq.*, as appropriate, and *N.J.A.C. 5:34-7.1 et seq.* are understood and the System is in compliance with them.

**Original
Signature:**

Address:

Name:

Title:

Phone:

Date:

**E-mail
Address**

Action Effective:

Identifier:

Received:

Expires:

Approved:

☐

Disapproved:

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